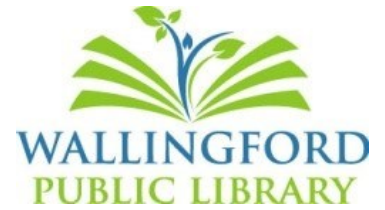


# Student Volunteer Application

Date \_\_\_\_\_

Please complete and return this application to Wallingford Public Library  
200 North Main St. Wallingford, CT 06492



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

## Availability

Mornings	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>		

## Education

Type of School	School Name	Expected Graduation Year
High School		

## Position(s) of Interest

Computer Tutor <input type="checkbox"/>	Shelving <input type="checkbox"/>	Section Weeding <input type="checkbox"/>	Other tasks <input type="checkbox"/>
Homework Help <input type="checkbox"/>	Coin Sorting <input type="checkbox"/>	Passing out fliers <input type="checkbox"/>	
Outdoor/landscaping <input type="checkbox"/>	Shelf Reading <input type="checkbox"/>	Help with Children's program <input type="checkbox"/>	

## Emergency Contact Information

Name/Relationship

Address, City, State Zip

Primary Phone /Secondary Phone (if applicable)

# Prior Volunteer Experience

Agency/Organization/Dates


I certify that the answers I provided are complete and true. I understand that the library will rely upon this information and that if I knowingly make misstatements or omissions of facts I am subject to disqualification or dismissal and persecution under the General Statutes and that the library or its insurance company will not be responsible for any loss resulting from incorrect or incomplete information. I give my consent for you to check with previous employers and personal references, unless I have indicated otherwise, and release them from liability for providing information. I have read the above statements and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand, and agree to this statement.

For students under age 18, a parent/guardian signature is required.

I give permission for \_\_\_\_\_ to volunteer at the Wallingford Public

Student's name

Library, and to be photographed in relation to his/her volunteer position.

Student's date of birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_